2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N32570

Entity Name: NAMI LEE COUNTY, INC.

Current Principal Place of Business:

2789 ORTEZ AVE
FORT MYERS, FL 33905 US

New Principal Place of Business:

2789 ORTIZ AVE
BLDG. B
FORT MYERS, FL 33905 US

Current Mailing Address:

PO BOX 50816
FT MEYERS, FL 339940816 US

New Mailing Address:

FEI Number: 65-0122844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STITES, BARBARA A
16590 PARTRIDGE PL #204
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARRIS, SHARON
Address: 23195 COCONUT SHORES DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD ( ) Delete
Name: WELLS, EDWARD
Address: 4164 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete
Name: STITES, BARBARA A
Address: 16590 PARTRIDGE PL #204
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete
Name: LESTER, DEBRA
Address: 1120 VESPER DR
City-St-Zip: FORT MYERS, FL 33901

Title: CSD ( ) Delete
Name: QUINN, LORI ANN
Address: 330 OTTUAM AVE
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARRIS, SHARON
Address: 17121 TERRAVERDE CIRCLE #2205
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change ( ) Addition
Name: L'HEUREUX, JANETTE
Address: 1137 SW 46TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: CSD (X) Change ( ) Addition
Name: TRAHIN, SHERRI
Address: 10 BETH STACEY BLVD. #102
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ED ( ) Change (X) Addition
Name: POPOVICH, ANNETTE M
Address: 3501 PACKINGHOUSE ROAD
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE M. POPOVICH ED 04/27/2005

Electronic Signature of Signing Officer or Director — Date